

Fax Transmittal

DATE: February 6, 2005

Total Pages Including Cover: 16

TO: Examiner Shefali D. Patel
Art Unit: 2621

Company: USPTO

Fax #: 703-872-9306

Phone #: 703-306-4182

Application
Serial No. 10/022,398**RECEIVED**
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Docket #: FR000116

FEB 06 2005

FROM: Michael J. Balconi-Lamica
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MESSAGE: EXPEDITED PROCEDURE**Please deliver to Examiner Patel (Art Unit 2621), Mail Stop AMENDMENT**

Examiner Patel:

Attached for filing are the following documents:

1. Transmittal Form;
2. Fee Transmittal Form; and
3. Response.

Entry of this paper in the above-identified application is courteously solicited. Any questions regarding this matter should be directed to the undersigned.


Michael J. Balconi-Lamica

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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/022,398	
	Filing Date	October 30, 2001	
	First Named Inventor	Cyril Alouche	
	Art Unit	2621	
	Examiner Name	Shafali D. Patel	
Total Number of Pages in This Submission	16	Attorney Docket Number	FR000116

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks EXPEDITED PROCEDURE PLEASE deliver to Examiner Patel (Art Unit 2621), MAIL STOP AMENDMENT		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MICHAEL J. BALCONI-LAMICA		
Signature	<i>Michael J. Balconi-Lamica</i>		
Printed name	MICHAEL J. BALCONI-LAMICA		
Date	2/6/05	Reg. No.	34,291

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Michael J. Balconi-Lamica</i>		
Typed or printed name	MICHAEL J. BALCONI-LAMICA	Date	2/6/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/03/2004,
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number	10/022,398
Filing Date	October 30, 2001
First Named Inventor	Cyril Allouche
Examiner Name	Shefali D. Patel
Art Unit	2621
Attorney Docket No.	FR000116

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☒ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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10	- 20 or HP = 0	x 50	= 0.00
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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2	- 3 or HP = 0	x 200	= 0.00
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HP = highest number of independent claims paid for, if greater than 3.

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
	0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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	- 100 =	/ 50 =	(round up to a whole number) x	= 0.00
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY		Registration No.	Telephone
Signature	<i>Michael J. Balconi-Lamica</i>	34,291 (Attorney/Agent)	512-461-2624
Name (Print/Type)	Michael J. Balconi-Lamica	Date	2/6/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT
Docket No.: FR000116
Customer No. 000024737

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

In re application of:
Cyril Allouche

Serial No.: 10/022,398

Filed: October 30, 2001

For: METHOD AND SYSTEM FOR
TAG DETECTION AND TRACKING
IN MRI TAGGED IMAGES

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Confirmation No. 2540

Group Art Unit: 2621

Examiner: Shefali D. Patel

FEB 06 2005

AMENDMENT

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Examiner:

In response to the Office Action mailed December 14, 2004, please amend the above-identified application as follows:

Amendment to the Abstract begins on page 3 of this paper.

Amendment to the Drawings begins on page 4 of this paper.

Amendments to the Claims are reflected in the listing of claims which begin on page 5 of this paper.

Remarks/Arguments begin on page 9 of this paper.